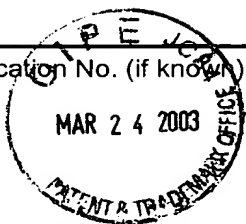


Application No. (if known): 09/735,161

Attorney Docket No.: HO-P01944US1



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A handwritten signature in cursive script, appearing to read "Beth J. Cobb", written over a horizontal line.

Signature

Beth J. Cobb

Typed or printed name of person signing Certificate

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03-25-03

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/735,161
Filing Date	December 12, 2000
First Named Inventor	Randy B. Thomas
Group Art Unit	1714
Examiner Name	C. Toomer
Attorney Docket Number	HO-P01944US1

Total Number of Pages in This Submission 14

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Check in the amount of \$180.00 Postcard IDS (Citation)
Remarks		

APR 02 2003  
CPCP 1700

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	FULBRIGHT & JAWORSKI L.L.P. Melissa L. Sistrunk
Signature	<i>Melissa L. Sistrunk</i>
Date	March 24, 2003

## Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 065889890, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 24, 2003

Signature: *Beth J. Cobb*

(Beth J. Cobb)



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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																																																																											
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div><b>TOTAL AMOUNT OF PAYMENT</b></div><div>(\$)</div><div>180.00</div></div>		Application Number	09/735,161																																																																																																																																																																																																																																																																																																										
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8021	40	8021	40	Recording each patent assignment per property (times number of properties)																																																																																																																																																																																																																																																																																																									
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																																																																																																																																																																																																																																									
1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))																																																																																																																																																																																																																																																																																																									
1801	750	2801	375	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																																									
1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																																									
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<b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (1)</b></td><td>(\$)</td><td>0.00</td></tr></tbody></table> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <div style="font-size: x-small; margin-top: 5px;">Total Claims <input type="text"/> -20** = <input type="text"/> x <input type="text"/> = <input type="text"/> Independent Claims <input type="text"/> -3** = <input type="text"/> x <input type="text"/> = <input type="text"/> Multiple Dependent <input type="text"/> = <input type="text"/> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (2)</b></td><td>(\$)</td><td>0.00</td></tr></tbody></table><div style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</div></div>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	Utility filing fee		1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>				(\$)	0.00	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>				(\$)	0.00	<b>SUBMITTED BY</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><tr><td style="width: 40%;">Name (Print/Type)</td><td>Melissa L. Sistrunk</td><td style="width: 20%;">Registration No. (Attorney/Agent)</td><td>45,579</td><td style="width: 20%;">Telephone</td><td>(713) 651-3735</td></tr><tr><td>Signature</td><td colspan="2"></td><td>Date</td><td colspan="2">March 24, 2003</td></tr></table>		Name (Print/Type)	Melissa L. Sistrunk	Registration No. (Attorney/Agent)	45,579	Telephone	(713) 651-3735	Signature			Date	March 24, 2003																																																																																																																																																																																																			
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**Fee Transmittal**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 065889890, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 24, 2003

Signature: (Beth J. Cobb)